

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/562599

FILING DATE

01 FEB 2007

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3	/		/			
4		3	/	/		
5		0		/		
6		0		/		
7		0		/		
8	/		/			
9		1		/		
10		2		/		
11		2		/		
12		2		/		
13		2		/		
14		2		/		
15		0		/		
16		0		/		
17		0		/		
18	/		/			
19		1		/		
20		1		/		
21		1		/		
22		4		/		
23	/		/			
24		0		/		
25		0		/		
26	/		/			
27		2		/		
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50						
TOTAL IND.	6		6			
TOTAL DEP.	35		22			
TOTAL CLAIMS	41		28			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						